

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10647335** FILED DATE -
APPLICANT(S) -

	AS FILED		DRAFTING AMENDMENT		ALTERED AMENDMENT		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1							
2		1						
3		1						
4		1						
5		1						
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TOTAL IND.	1							
TOTAL DEP.	14							
TOTAL CLAIMS	15							

	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	15							